

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

02865

Reg. Dist. No. 1710

1. PLACE OF DEATH:

County Garett

City or town Bitteringer
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett

City or town Bitteringer Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Catherine Frances Bitteringer

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jonas Bitteringer

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 5-1858

8. AGE: Years 88 Months 3 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Bitteringer Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business _____

12. Name George Buckle

13. Birthplace X R.D. Accident MD

14. Maiden name Elizabeth Stark

15. Birthplace Bitteringer Md

16. Informant Asa Bitteringer

Address Bitteringer Md

17. Burial Date thereof 3-25-1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bitteringer

Location Bitteringer Md

18. Funeral director Wm Winterberg

Address Grantsville Md

19. March 25 1947 J.B. Emery
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1947 at 3:41 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from hammer after death 19 _____
and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Edmund Hammer Seely, M.D.

Address Saxland Md M. D. or other Seely, M.D.
Date signed 3/23/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

MAR 29 1947

BIRMINGHAM 8

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH



02866 10

Reg. Dist. No. _____

1. PLACE OF DEATH: Garrett
County Friendsville
City or town Friendsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: _____
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrette
City or town Friendsville R D Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME
Andreu J Burgess

3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Amanda Fike
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) October 28 1866
8. AGE: Years 80 Months 4 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Fayette Co Pa
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farme

12. Name Harrison Burgess
13. Birthplace Maryland
14. Maiden name Elizabeth Thomas
15. Birthplace Maryland

16. Informant Robert Cruff
Address Brandonville W.Va,

17. Burial 3/16/47
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
Umbel Cem-
Cemetery or crematory _____
Location E. G. Harned

18. Funeral director E. G. Harned
Address Brandonville W.Va,

19. Mar 15 19 47 Kathryn Fike
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 47 at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25 19 47 to Mar 13 19 47
and that I last saw him alive on March 9 19 47

Immediate cause of death Carcinoma of Stomach DURATION 1 year

Due to _____
Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Milton Tepper MD M. D. or other _____
Address Friendsville, Md Date signed Mar 15 1947

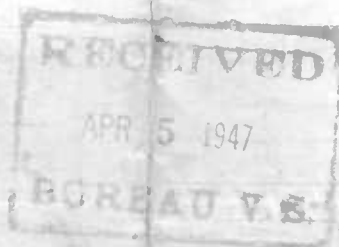
PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03384

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Crellin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Crellin, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elmer Elswarth Cross.

3. (b) Social Security Number

219-03-8283

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower.
 6.(b) Name of husband or wife Fannie Sines Cross.
Deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 22d, 1868.
 8. AGE: Years 78 Months 11 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Iowa.
 (Town, county, and state)
 10. Usual occupation Miner
 11. Industry or business
 12. Name Thomas Cross.
 13. Birthplace Pennsylvania.
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Theodore Cross.
 Address Crellin, Md.
 17. Burial Date thereof March 24/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Taylor Sines Cemetery.
 Location Sines, Maryland.

18. Funeral director Emory D. Bolden.
 Address Cake & Co. Md.
March 24/47 Abner J. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH March 21st 1947 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 1st 1947 1947 to March 21 1947
 and that I last saw him in alive on March 19 1947

Immediate cause of death
Carcinoma of Gallbladder
Liver and Bowels

DURATION

3 months

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

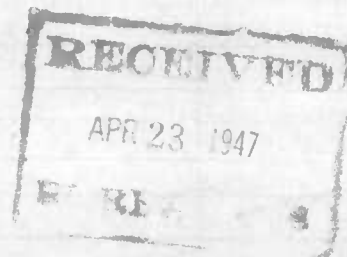
23. SIGNATURE Emory D. Bolden M. D. or _____
 Address Deer Park Md. Date signed 3/24/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-13M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of date of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

FILM No. G 110 JUL 1 - 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 02867

1. PLACE OF DEATH:

County Garrette
City or town near Farm
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R. L. #2 Farming, Md.
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany
City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. L. #2 Farming, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Silas Earl Knapp

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Jessamine Knapp

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 7 - 1873

8. AGE: Years 73 Months 3 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Garrette Co.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Dr. Knapp
13. Birthplace Garrette Co. Md.
14. Maiden name Susann Ambrose
15. Birthplace Garrette Co. Md.

16. Informant Philip Dr. Knapp

Address Rockport, Md.

17. Burial Date thereof 3 - 30 - 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Johnson's Cemetery

Location Farming, Md.

18. Funeral director Garrett, W. A.

Address Farming, Md.

19. April 1 - 1947 Registrar John Michael
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 19 47, at ✓ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from James Decker to Death 19 _____
and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

Cerebral Occlusion

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of Injury _____ Injured at work? _____

23. SIGNATURE

Address _____

M. D. or other

Date signed 3/29/47

PHYSICIAN

Please underline the cause to which death should be charged statistically.

RECEIVED

APR 3 1947

BUREAU P. S.

1-35

3377 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95d

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GARRETT

City or town SWANTON MARYLAND

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County GARRETT

City or town SWANTON MD.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

SUSAN O'BRIEN LOHR

3. (b) Social Security Number
none

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife ALFRED LOHR

DECEASED

7. Birth date of

deceased (mo., day, yr.)

February 28 1866

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

81

0

4

hrs.

min.

9. Birthplace ACCIDENT MD.

(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name DANIEL O'BRIEN

13. Birthplace

OHIO

14. Maiden name

MARY PRITTS

15. Birthplace

GARRETT CO. MD.

16. Informant CLARK LOHR

Address SWANTON MD.

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof Mch 8 1947

(month) (day) (year)

Cemetery or crematory

MEADOW MT. CEMETERY

Location

MR. BITTINGER MD.

EMORY D. BOLDEN

18. Funeral director

OAKLAND MD.

Address

3-7-47

Julia Cowan

19. (Date rec'd by registrar) 19.....

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1947 19..... al M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1947

Feb 25 1947

19..... 19.....

and that I last saw h.....er.....alive on Feb 25 1947 19.....

Immediate cause of death.....

DURATION

CONGESTIVE HEART FAILURE
ARTERIOSCLEROSIS MYOCARDITIS
PULMONARY EMBOLI MULTIPLE

Due to.....

Due to.....

Other condillons.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

SIGN HERE: James A. Canton M.D.

23. SIGNATURE JAMES A. CANTON M.D.

M. D. or other

Address OAKLAND MD. 3-8-47

Date signed.....

MARGIN RESERVED FOR BINDING

REPLACEMENT CERTIFICATE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED

APR 23 1947

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8300

CERTIFICATE OF DEATH

 *02868
 Reg. Diat. No. 1660

1. PLACE OF DEATH:

County Garrett
 City or town Oakland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

Garnetta Susan Rinehart Mersing

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 B.(b) Name of husband or wife Pierce L. Mersing
 7. Birth date of deceased (mo., day, yr.) April 8, 1871 6.(c) If alive, give age ----- years
 8. AGE: Years 75 Months 11 Days 3 If less than one day ----- hrs. ----- min.

9. Birthplace Preston Co., W. Va.
 (Town, county, and state)
House Wife
 10. Usual occupation
 11. Industry or business Own Home
 12. Name Abraham Rinehart
 13. Birthplace Allegany Co., Md.
 14. Maiden name Sarah Dumire
 15. Birthplace Preston Co., W. Va.

16. Informant Clarence Mersing
 Address Oakland, Maryland.

17. Burial March 14, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
Oakland, Maryland.
 Location -----

18. Funeral director Herbert C. Leighton
 Address Oakland, Maryland.

19. Mar. 14, 1947 Julius A. Roman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1947 11:10A.
 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19, 1945 1945 to Mar. 11, 1947
 and that I last saw him Mar. 11, 1947 alive on Mar. 11, 1947

Immediate cause of death -----

Pneumo-pneumonia
 Due to Arterial Hemorrhage

Due to Arterio sclerosis

Other conditions -----

(Include pregnancy within 8 months of death)

Major findings of operations -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

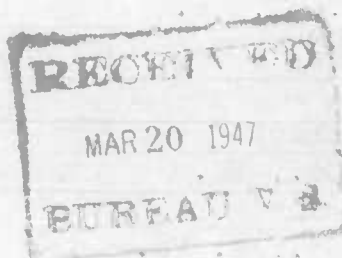
Means of injury ----- Injured at work?

23. SIGNATURE A. E. Shamus M.D. M. D. or other

Address Oakland Md. Date signed 3/13/47

DURATION

1 1/2 Days
4 Days
10 yrs.



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1771

02869

1. PLACE OF DEATH:
County Garrett
City or town Rural- Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
3 Miles N. W.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural- Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3 Miles N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Susan Elizabeth Rohrbaugh

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
Robert John Rohrbaugh
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) June 11, 1863 6. (c) If alive, give age years
8. AGE: Years 83 Months 8 Days 27 If less than one day
Illinois

9. Birthplace (Town, county, and state)
Housework
10. Usual occupation
11. Industry or business

12. Name Marshall Ours
13. Birthplace Hopeville, W.Va.
14. Maiden name Sally Shobe
15. Birthplace Corner, W.Va.

16. Informant Claude Rohrbaugh
Kitzmiller, Md.
Address

17. Burial Date thereof March 11, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Philos Cemetery
Cemetery or crematory
Westernport, Md.
Location

18. Funeral director Otha F. Sharpless
Blaine, W.Va.
Address

19. 3-10-47 Registrar AW Barriick
(Date rec'd by registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH March 8 19 47 at 6:50P. M

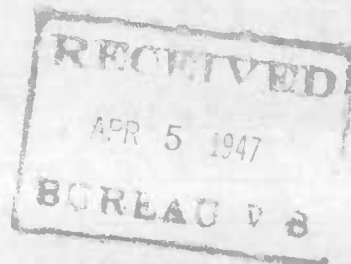
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 1946 to March 8 19 47
and that I last saw him alive on March 8 19 47

Immediate cause of death
Acute Myocarditis
Due to Cardio-vascular Renal condition
Due to Complicated with Diabetes
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Antopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Ralph Calandella M.D. M. D. or other
Kitzmiller Md Date signed March 10-47
Address



2-28

2-1720-2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

Reg. Dist. No. 02870 1668

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

Annabell Gibson Schoup

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife <u>C. W. Schoup</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 7, 1873</u>		
8. AGE:	Years 73	Months 3
	Days 11	If less than one day ----- hrs. ----- min.

9. Birthplace Pittsburgh, Penna.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name Joseph Gibson
 13. Birthplace Pittsburgh, Penna.
 14. Maiden name Margaret Gildroy
 15. Birthplace England

16. Informant C. W. Schoup
 Address Mt. Lake Park, Md.

17. Removal March 19, 1947
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Homestead Cemetery
 Location Homestead, Penna.

18. Funeral director Herbert C. Leighton
 Address Oakland, Maryland.

19. Mar. 29, 1947 Julia A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1947 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10th 1946 to March 17th 1947
 and that I last saw him alive on March 17th 1947

Immediate cause of death Carcinoma of Aorta & Subclavical (Right side) DURATION

Due to Carcinoma: primary in right sub-clavical region. 2 1/2 years.

Due to Duration: 2 1/2 years.

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: -----

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE J. W. Wenzel, M.D. M. D. or other

Address Oakland MD Date signed 3/17/47

RECEIVED

MAR 20 1947

BUREAU V. S.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

CERTIFICATE OF DEATH

Reg. Dist. No. 02874
167

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Md. Route #2.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland, Md. Route # 2.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Sarah Elma Smith.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow.
6.(b) Name of husband or wife George Smith.
Deceased 6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 25th, 1877
8. AGE: Years 70 Months 10 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business
12. Name Henry W. Roth.
13. Birthplace Egdon, W. Va.
14. Maiden name Susan C. Hopkins.
15. Birthplace West Virginia.

16. Informant Mrs. Thelma Cnegy.
Address Oakland, Maryland. Rout #2
17. Burial Date thereof April 1/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Red House Cemetery.
Location Red House, Maryland.

18. Funeral director Emory D. Bolden
Address Oakland, Md.
19. 4/9 47 Emory D. Bolden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A. M.

20. DATE OF DEATH March 30th 1947 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28 1946 to March 24 1947
and that I last saw him alive on March 29 1947

Immediate cause of death Terminal pneumonia DURATION
(pulmonary embolism or metastatic carcinoma)
in lung

Due to Intense jaundice -

Due to Carcinoma head of pancreas

Other conditions Arthritis - osteo

(Include pregnancy within 3 months of death)

Major findings of operations Gallstones
Date of op. 1/30/47

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, MD
M. D. or other
Address Egdon, W. Va. Date signed 4/5/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 11 1947

R. H. A. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02871

Reg. Dist. No. 1680

1. PLACE OF DEATH:

County Sarath
 City or town Fingert
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Rte. No. 2 Fingert, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State 2nd County SarathCity or town Fingert
(If outside city or town limits, write RURAL and give nearest town)Street No. Rte. No. 2 Fingert, Md.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

John Ray Warner

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Rae E. Fingert6. (c) If alive, give age 54 years

7. Birth date of

deceased (mo., day, yr.) July 28 - 1892

8. AGE:

Years 54 Months 7 Days 8 hrs. min.

9. Birthplace

Fingert, Sarath, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Clay Mines

FATHER

12. Name Mr. J. Warner

13. Birthplace

Marshall, Md.

MOTHER

14. Maiden name Marshall, Md.

15. Birthplace

Fingert, Md.

16. Informant

Mr. Ray Warner

Address

Rte. #2 Fingert, Md.

17. (Burial, cremation, or removal. Which?)

BurialDate thereof 3-19-1947
(month) (day) (year)

Cemetery or crematory

Fingert Cemetery

Location

Fingert, Md.

18. Funeral director

David A. Vester

Address

Fingert, Md.

19. (Date rec'd by registrar)

March 13, 47Mr. Julius Michael

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1946 to March 6 1947and that I last saw him alive on March 5 1947

Immediate cause of death

Accident ofPrimary

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. C. LaneAddress Fingert, Md.Date signed 3-10-47

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MAR 15 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1360

CERTIFICATE OF DEATH

Reg. Dist. No. 02872 1660

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Kiser Nursing HomeHow long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Westernport
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Watson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

1855 month and day not known

8. AGE:

91

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

England

(Town, county, and state)

10. Usual occupation

Coal Miner

11. Industry or business

MOTHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mr. Harry Kiser

Address

Mt. Lake Park, Md.

17.

Burial

(Burial, cremation, or removal, Which?)

Date thereof March 5, 1947
(month) (day) (year)

Cemetery or crematory

Episcopal Cemetery

Location

Oakland, Maryland

18. Funeral director

Herbert C. Leighton
Oakland, Maryland

Address

19.

March 5, 1947

(Date rec'd by registrar)

19

Julia A. Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1947, at 9:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 25th 1947 to 3-2 1947and that I last saw him alive on 3-1-47 1947Immediate cause of death fell about 3 weeks agoInjuring hip and backParalysis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edward E. SloanM. D. or other 3-4-47Address Oakland, Maryland

Date signed _____

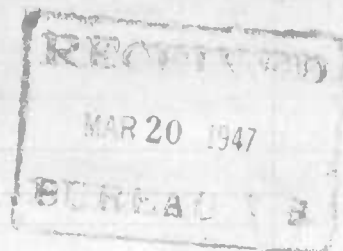
VS A15

9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

made to obtain my more data



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02873

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Rural- Vindex

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

4 miles West of Vindex

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural- Vindex

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 miles West

(If rural, give LOCATION)

no

2.(a) If veteran, name War

3. (a) FULL NAME

Albert Edward Wilson

3. (b) Social Security Number

236-12-9727

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1947 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h... Dead on arrival 19...

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Ralph Culandella M. D. or otherDate signed 4/2/54

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Esther Arlena (Stonebreaker)6. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) August 5, 1880

8. AGE: Years Months Days It less than one day

66 7 9 hrs. min.9. Birthplace Schell, Mineral Co., W. Va.

(Town, county, and state)

10. Usual occupation Woodsman11. Industry or business Prop maker12. Name Jerome R. Wilson13. Birthplace Garrett Co., Md.14. Maiden name Emma Ellsworth Tice15. Birthplace Cumberland, Md.16. Informant Mrs. Esther WilsonAddress Kitzmiller, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof Mar 18 1947

(month) (day) (year)

Cemetery or crematory Notken Hill CemeteryLocation Elk Garden, W. Va.18. Funeral director Otha F. SharplessAddress Blaine, W. Va.19. 3-18 1947 Registrar Alfred

(Date rec'd by registrar)

RECEIVED

APR 5 1947

BUREAU 6

2-25

2-1720-2-10